CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
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Weekly Bulletin

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*Education In Public Health Nursing**

By RUTH W. HAY, Assistant Professor of Public Health Nursing, University of California, Berkeley

In order to have a better understanding of some of our ideals and needs in present day "Education in Public Health Nursing," it will be necessary to go back for a few years to consider briefly the professional background of the graduate nurse and some of the changes that have come about in our social structure during the past decade. The modern public health movement is really quite young and the proffessional nurse as a part of that movement is even younger, for it wasn't until the beginning of the present century that her chief place as an interpreter, a teacher, in the field of public health was officially recognized. We are quite aware of how phenomenal has been the development of public health programs during this century, and particularly during the past two decades with the added impetus of such developments as the American Red Cross, Rural Public Health Nursing services, the programs made possible through the Sheppard-Towner Act (1922–1929) and the present Social Security Act provisions for the Public Health.

With the expanding programs of voluntary agencies, and the coming realization by governmental groups that the health of the people was the responsibility of the state, the public health nurse emerged as a very important and key person in the whole modern public health movement. These developments made it imperative that some attention be given to the preparation for this new and challenging field in which the graduate nurse was expected to take so large a part. The nurse herself was the first to recognize that further professional equipment was necessary.

Today we have three great problems in relation to Education in Public Health Nursing:

1. The education of students in schools of nursing for services that will more nearly meet the nursing needs of all people in the community.
2. Further post-graduate preparation for this student if she elects public health nursing.
3. The opening up of opportunities for the further professional growth of graduate nurses who are making a fine contribution in the field of public health and who feel the need of and are ready for preparation for more advanced positions.

A critical glance at our traditional training schools for nursing may give use some idea of the extent of this first problem, that is the preparation of the student in nursing for community service.

Training schools for nurses had been established in connection with hospitals which are service rather than educational institutions. About ten years ago when we paused to take count, it was found that there were some 2000 such training schools in the United States, the majority of which had been established in

* Read before the Health Officers' Section, League of California Municipalities, San Jose, California, September 15, 1937.

order to furnish cheap nursing service to the hospitals. The major and practically exclusive emphasis was upon the preparation of nurses for institutional and private duty nursing, and at one time there was an oversupply of graduates so equipped.

In the meantime, since the start of the present century, public health programs were being organized and visiting nurse associations, county and city health departments, school health services, and rural public health nursing programs were calling for graduate nurses to take their part in these community services. Fortunately in most instances it was the daring young nurse, the young woman whose initiative had not been killed by the trauma of training, who undertook these pioneer and untried fields. But these same women recognized their lacks in preparation, and it was in answer to their expressed needs that courses in public health nursing were established to prepare the graduate nurse for this new field. In the beginning, and to some extent now (before any of the more advanced material in public health, community organization and teaching could be given), these special courses had to build a foundation of material that should have been laid during their basic curriculum.

It has been only during the past decade that schools of nursing have given any serious thought to the development of the public health point of view in the basic curriculum. True, somewhat earlier some of the more progressive schools had arranged for student affiliation with visiting nurse associations in the hope of at least giving the student a brief survey of the field of public health nursing and of opening an opportunity for her to test her interests in this branch of her profession. But in most instances there was nothing during her hospital experience to prepare her for this period of observation and participation in a public health nursing service.

A few years ago one of our nursing leaders threw this bombshell into the ranks: "Schools of nursing who expect to survive will have to link themselves with some institution of college level." Following this statement there was a mad scramble on the part of many schools to arrange for affiliation with some junior or senior college and to work out a curriculum of college level.

There are at present in the United States three true university schools of nursing, that is, schools that have their own dean, budget, and have the same status in the university as any other professional school, such as the School of Medicine, Law, Dentistry, etc. In addition there are scores of schools of nursing that are affiliated with universities where members of the faculty are university appointees, the director of nursing an educator as well as an administrator, and where the superintendent of the hospital is interested in nursing education as well as in the efficient and economical management of the hospital itself. This affiliation with colleges and universities has made it possible to offer instruction of college level and has called for a better prepared faculty in the professional subjects.

Almost concurrently with this awakening to the need for higher educational standards in schools of nursing has come the recognition that in the light of the rapidly growing demand for public health nurses some attention needed to be given to the development of the public health point of view during the basic curriculum. In other words, as educational institutions, schools of nursing should prepare their students for community service which in the broader sense includes institutional, private duty and public health nursing. Since, however, public health nursing covers a much broader field than the other two branches, as yet no basic program has been planned which will adequately equip the student at graduation to assume any base line position in the field of public health. This does not necessarily mean, however, that no such program can ever be so planned. The possibilities of developing the public health point of view in the clinical services are infinite, and the public health nursing agencies are fertile fields for strengthening the experience in such services as obstetrics and pediatrics. Schools of nursing have availed themselves of public health nursing agencies for student affiliations, and while this has not always been a rich educational experience, students have at least had the opportunity to try their wings in this field of nursing.

As these better prepared graduate nurses matriculate in university public health nursing courses, some study of their background and an evaluation of their preparation must be made in order to determine what further are their needs in preparation for the field of public health. It may be quite evident that they are much better equipped than were the graduate nurses of ten years ago, who went into public health, but it should be kept in mind that this is not a question of better, but rather of adequate preparation for the chosen field.

Courses in public health nursing can expect in the next few years an increasing number of graduates who will want to enter public health and who will need further preparation. For the field is not overcrowded. There are now approximately 20,000 nurses in public health programs, while there is a need for at least 60,000. We are now faced with a shortage in this western area. We have, for instance, in this state, been trying to convince boards of education that

they should employ only well prepared public health nurses, and now that these requirements have been made there are not enough prepared nurses to meet the demands.

The third group whose educational needs must be met are those public health nurses who have continued in professional growth and who, with their fine background of experience under supervision, have much to contribute from their invaluable practical experience. Only two of the seventeen courses have offered any preparation for supervisory or executive positions, although occasional series of classes in supervision have been offered.

The opening up of public health programs in the west and the large number of inexperienced public health nurses who are being called to these more or less pioneer positions make it imperative that good nursing supervision be available. For the success of these programs will depend largely upon the wise and understanding leadership of public health nurses prepared to give the professional guidance which will lead to well-rounded services. Some attention, therefore, must be given to the further preparation of public health nurses who have met with some degree of success in the field, and who show promise of future growth, for they are the logical ones to assume these positions of leadership.

The policy of the United States Public Health Service in the "Training of Personnel" provision of the Social Security Act to grant fellowships to persons of promise has been a big step in the preparation of such public health nurses. When nurses experienced in the field of public health matriculate in the universities as students in public health nursing, some consideration will have to be given to their professional background in order to build a course which will meet their needs. That is a problem that courses in public health nursing face today. The fact that there are also students from the other two groups in the classes does not lessen the difficulty. Not only university instructors in public health nursing, but also public health personnel in agencies can do much to help plan an adequate educational program.

Since public health nurses are the key people in education in personnel and community hygiene, which *is* our public health program, we therefore must be tireless in our preparation for the challenging work that is ours. At the National Organization for Public Health Nursing Silver Jubilee Luncheon, recently held in New York City, Dr. Livingston Farrand, President of Cornell and for many years a loyal supporter of public health nursing, said, "The public health nurse to be successful demands qualities that are called for by no other group in the nursing field. The bedside nurse, of course, must be competent, but the task of the public health nurse calls for not only training of a registered nurse but for something more. In my judgment we can not do without nurses of the highest quality and the highest training in this public health field. I would like to see more and more college women coming into nursing schools, passing through them, taking up postgraduate work and specializing in the public health field."[1]

To determine what this educational experience should be and how it may be gained is the task of not only nurse educators but also the responsibility of public health nurses in the communities who should be willing and able to interpret their profession to the nurses electing public health nursing. Real contributions are now being made by the whole public health personnel in those agencies which participate in the program of field instruction for students in public health nursing. The health department's evaluation of the performance of the student in public health nursing, helps not only the student, but will assist an agency in the selection of the prospective member of their staff.

From the beginning postgraduate courses in public health nursing have recognized that preventive medicine and social sciences needed to be emphasized, since during the basic curriculum curative medicine and the physical sciences had been taught. Therefore all of the programs have included psychology, mental hygiene, sociology or economics, as well as the professional subjects. Since it is generally granted that the public health nurse is the key person in the whole public health program, and since her primary function is the interpretation of principles of personal hygiene and public health to the people of the community, attention has needed to be given to her preparation as a teacher. Nurses have had to overcome much in order to take their rightful place, a fact not strange, for surely there was little if any encouragement or opportunity to express themselves during their "training," ruled as much as it was by military discipline.

Dr. Hugh H. Cummings said, "As the success of the medical man at the bedside of the ill patient depends largely upon the skill and conscience of the bedside nurse, to even a greater extent does the success of the health movement in a community depend upon the character, intelligence, tact and devotion to duty of the public health nurse."[2]

It is scarcely necessary to speak to a group such as this about the part the public health nurse plays in the carrying out of policies and duties of a public

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[1] A tribute to the public health nurse. Public Health Nursing, May, 1937, p. 273.

[2] Some new developments in public health. Hugh S. Cummings, M.D., Public Health Nursing, July, 1934.

health program. You no doubt have some rather well formulated ideas of what you expect of the public health nurse, and nurse educators need to have your expression of them. We have all perhaps had to readjust our conception of the duties of a nurse, since we may have carried over from our hospital experience quite a different picture of her than the person who is needed to help carry out the policies of the health department. If you will continue to give us your loyal support, if you will try to understand some of the difficulties in the way of education for public health nursing, and if you will help interpret the needs of public health as administrators see them, then those of us responsible for the education of public health nurses will be greatly helped in our efforts to prepare nurses adequately equipped to do their part in the public health programs set up to meet the needs of the community.

MORBIDITY

Complete Reports for Following Diseases for Week Ending December 4, 1937

Chickenpox

471 cases: Alameda County 4, Alameda 4, Berkeley 3, Oakland 18, Chico 1, Contra Costa County 2, Martinez 1, Fresno County 3, Fresno 2, Kern County 6, Bakersfield 1, Kings County 9, Corcoran 1, Hanford 16, Los Angeles County 31, Beverly Hills 4, Glendale 9, Long Beach 4, Los Angeles 27, Monrovia 1, Pasadena 2, Pomona 2, San Fernando 1, Santa Monica 1, Whittier 14, South Gate 1, Madera County 1, Ukiah 4, Gustine 1, Napa County 1, Napa 1, Grass Valley 2, Orange County 2, Santa Ana 5, Roseville 7, Riverside County 14, Corona 2, Hemet 7, Riverside 11, Sacramento 4, Redlands 1, San Diego County 24, Escondido 15, National City 1, San Diego 28, San Francisco 12, San Joaquin County 4, Manteca 12, Santa Barbara County 1, Lompoc 2, Santa Barbara 12, Santa Maria 6, Santa Clara County 3, Los Gatos 13, Mountain View 1, San Jose 7, Santa Cruz County 1, Santa Cruz 17, Siskiyou County 1, Modesto 3, Newman 8, Exeter 16, Ventura County 20, Fillmore 8, Oxnard 10, Yolo County 10, Woodland 5.

Diphtheria

47 cases: Berkeley 1, San Leandro 1, Contra Costa County 1, Fresno County 3, Fresno 1, Imperial County 1, Los Angeles County 1, Los Angeles 7, San Fernando 1, Madera County 7, San Rafael 1, Merced County 4, Orange County 2, Orange 1, Santa Ana 1, Corona 1, San Diego County 1, San Francisco 1, Stockton 1, Burlingame 1, Palo Alto 1, San Jose 1, Watsonville 1, Tulare County 2, Tulare 1, Tuolumne County 1, Ventura County 1, Oxnard 1.

German Measles

16 cases: Berkeley 3, Los Angeles County 1, Long Beach 3, South Gate 1, Maywood 1, Laguna Beach 1, San Diego 2, San Francisco 2, Tulare 2.

Influenza

28 cases: Fresno County 1, Los Angeles County 3, Los Angeles 12, Whittier 1, Torrance 2, Maywood 1, Gardena 1, Riverside County 1, San Francisco 4, San Joaquin County 1, San Jose 1.

Measles

63 cases: Alameda 3, Del Norte County 1, Bakersfield 1, Los Angeles County 2, Glendale 2, Long Beach 1, Los Angeles 5, Merced County 19, Los Banos 8, Napa County 1, Grass Valley 1, Orange County 1, Brea 1, Sacramento 1, Ontario 1, San Diego 5, San Francisco 1, Tulare County 6, Tulare 2, Yuba County 1.

Mumps

334 cases: Alameda 1, Berkeley 6, Oakland 23, Chico 1, Fresno County 10, Fresno 7, Hanford 1, Los Angeles County 9, Arcadia 1, Glendale 1, Long Beach 12, Los Angeles 18, Pasadena 1, Santa Monica 2, Hawthorne 3, Monterey Park 1, Maywood 1, Madera County 2, Madera 1, Ukiah 2, Napa County 5, Orange County 2, Anaheim 16, Newport Beach 1, Santa Ana 4, La Habra 2, Laguna Beach 1, Roseville 12, Riverside County 3, Sacramento 12, San Diego County 23, Coronado 1, Escondido 4, San Diego 12, San Francisco 21, San Luis Obispo County 1, San Mateo County 2, South San Francisco 7, Menlo Park 8, Santa Barbara County 7, Lompoc 7, Santa Maria 10, Santa Clara County 1, Vallejo 1, Stanislaus County 37, Oakdale 6, Turlock 2, Tulare County 12, Vetura County 2, Fillmore 8, Yolo County 1.

Pneumonia (Lobar)

75 cases: Berkeley 2, Oakland 7, Fresno County 1, Bakersfield 3, Los Angeles County 6, Burbank 1, Huntington Park 1, Long Beach 1, Los Angeles 27, Pasadena 2, Monterey Park 1, Napa County 2, Riverside County 1, Sacramento 3, San Bernardino 1, San Diego County 1, San Francisco 6, San Joaquin County 2, Stockton 3, Santa Barbara 1, Ventura County 1, Fillmore 1, Yolo County 1.

Scarlet Fever

201 cases: Alameda County 1, Oakland 5, Chico 1, Fresno County 3, Firebaugh 1, Fresno 1, Kern County 1, Kings County 5, Lassen County 6, Los Angeles County 24, Alhambra 1, Azusa 1, Beverly Hills 1, Burbank 2, Culver City 5, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 10, Los Angeles 22, Pasadena 6, Pomona 1, San Gabriel 1, Santa Monica 1, South Gate 5, Bell 2, Madera County 1, Madera 6, Merced County 4, Monterey County 1, Salinas 1, Grass Valley 1, Orange County 6, Fullerton 2, Huntington Beach 1, Orange 1, Santa Ana 2, Laguna Beach 2, Tustin 1, Placer County 1, Auburn 1, Riverside County 4, Corona 1, Sacramento 2, Ontario 5, San Diego County 1, National City 1, San Diego 3, San Francisco 12, San Joaquin County 6, Stockton 3, Tracy 1, San Luis Obispo County 2, San Carlos 1, Santa Barbara County 2, San Jose 3, Sunnyvale 1, Santa Cruz 1, Watsonville 1, Stanislaus County 1, Tulare County 3, Lindsay 1, Ventura County 2, Santa Paula 1, Yolo County 1, Marysville 1.

Smallpox

16 cases: Kings County 12, Lemoore 1, Nevada County 1, Placer County 1, Wheatland 1.

Typhoid Fever

13 cases: Fresno County 1, Los Angeles 2, Riverside County 1, San Diego 1, San Francisco 4, Stanislaus County 1, Tulare County 3.

Whooping Cough

338 cases: Alameda County 9, Berkeley 7, Oakland 21, Contra Costa County 1, Fresno County 1, Fresno 1, Eureka 5, Kern County 5, Los Angeles County 16, Alhambra 5, Glendale 3, Long Beach 9, Los Angeles 24, Monrovia 4, Pasadena 4, Pomona 1, Santa Monica 1, Whittier 7, South Gate 2, Madera County 1, Madera 1, King City 2, Napa County 1, Brea 5, Fullerton 4, Santa Ana 1, Seal Beach 3, Sacramento County 1, Sacramento 44, San Bernardino 3, San Diego County 1, Escondido 1, National City 13, San Diego 22, San Francisco 47, San Joaquin County 11, Manteca 7, Stockton 4, Tracy 2, San Mateo County 4, Redwood City 4, Menlo Park 1, Santa Barbara 1, San Jose 1, Watsonville 2, Suisun 3, Sonoma County 4, Stanislaus County 1, Turlock 1, Sutter County 2, Tulare County 3, Exeter 6, Ventura County 1, Ventura 1, Davis 3.

Meningitis (Epidemic)

2 cases: Long Beach 1, Los Angeles 1.

Dysentery (Amoebic)

2 cases: Santa Ana 1, Tustin 1.

Dysentery (Bacillary)

5 cases: Compton 1, Los Angeles 2, San Francisco 2.

Leprosy

One case: Santa Maria.

Poliomyelitis

10 cases: Bakersfield 2, Burbank 1, Los Angeles 2, Pasadena 1, San Diego 1, San Luis Obispo 1, Tehama County 2.

Trachoma

5 cases: Monrovia 1, San Diego County 4.

Jaundice (Epidemic))

5 cases: Eldorado County 1, Kern County 4.

Food Poisoning

36 cases: Claremont 3, Long Beach 1, Los Angeles 30, San Francisco 2.

Undulant Fever

4 cases: Los Angeles 1, San Bernardino 1, San Diego 1, Tuolumne County 1.

Tularemia

2 cases: Amador County 1, Ontario 1.

Septic Sore Throat

2 cases: Alameda County 1, San Diego County 1.

Rabies (Animal)

41 cases: Kern County 1, Hanford 1, Los Angeles County 8, Burbank 1, El Segundo 1, Glendora 4, Los Angeles 18, South Gate 1, Bell 1, Sacramento 1, Daly City 1, Stanislaus County 1, Modesto 1, Fillmore 1.

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